

# MyChart Access Request Form


 Patient

 Proxy

 Patient & Proxy

**Section A: Patient Information** (Please read and acknowledge the information on the reverse. )

Last Name			
First Name		Middle Initial	
Health Card #		Date of Birth (DD-MM-YYYY)	
Street Address			
City	Province		Postal Code
Home Phone #		Cell Phone #	
Email Address			

**Section B: Proxy Information:** The patient in section A must read and acknowledge the information on the reverse Patient initials \_\_\_\_\_

This section authorizes the Atlas Alliance to release personal health information to another individual (proxy) through a patient's MyChart. This section should be completed by the patient (if age 12 years or older) or legal guardian (if under age 12 years).

Last Name			
First Name		Middle Initial	
Health Card #		Date of Birth (DD-MM-YYYY)	
Relation to Patient			
<input type="checkbox"/> Check this box if your address is the same as the patient. Email address and Phone # are still required.			
Street Address			
City	Province		Postal Code
Home Phone #		Cell Phone #	
Email Address			

I am requesting that the above person (proxy) in Section B receive access to my health information available in the Atlas Alliance MyChart Portal.

- I authorize Atlas Alliance to release the health information contained in my/my child's mychart record to this MyChart Proxy.
- I authorize release of this information through my MyChart record. This form does not authorize release of my medical record to my designated proxy by other methods or by other forms.
- I understand that once information has been disclosed, it potentially may be redisclosed by the proxy and the disclosed information may or may not be covered by privacy protections.

NOTE: You may deactivate your proxy's access at any time by completing the MyChart deactivation Request Form at your institution.

Patient Name	Signature	Date (DD-MM-YYYY)
Proxy Name	Signature	Date (DD-MM-YYYY)

**Complete the form and return it to the Health Record Department of the closest participating health-care institution where you receive your care.**

**HEALTH RECORDS USE ONLY**

Completed by:	Date (DD-MM-YYYY)	ID Verified? (initials)
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## **MyChart Access Request Form**

Atlas Alliance MyChart is a secure, online patient portal that connects you to parts of your health record at one or more of the following institutions of care: The Ottawa Hospital Academic Family Health Team, Hawkesbury and District General Hospital, Renfrew Victoria Hospital, St. Francis Memorial Hospital, The Ottawa Hospital and the University of Ottawa Heart Institute, Kemptville District Hospital and Deep River and District Hospital, and Winchester District Memorial Hospital.

To request Proxy Access to MyChart (access to another individual's chart), please read this form carefully and complete the appropriate fields below.

### **Adult Accessing Adult**

There are 2 types of access that can be granted for MyChart:

- **Adult to Adult (patient is capable):** Competent individual aged 12 and older can grant MyChart proxy access to another competent adult.
- **Adult to Adult (patient is not capable):** Those adults whose decision-making rights are exercised by others; for example, a patient Power of Attorney can have their decision-maker request access to their health record. Legal documentation must be provided confirming that you have decision-making authority for patients who are not capable to make decisions for themselves.

### **Parent Accessing Child**

The following age ranges govern use of MyChart:

- **Ages 0-11:** The parent/legal guardian can have full access to the MyChart record upon approval of application. The patient will have access only with permission of the parent/legal guardian. The parent/legal guardian must complete sections A and B.
- **Ages 12 or older:** The patient can have full access to the MyChart record upon approval of application. Parent/Guardian will have access with permission of the patient. The patient must complete section A to get access and complete section B to give access to your legal guardian or anyone else. MyChart access will not affect your legal right to access your health record by other means. To request a paper copy of your record, contact the Health Records Department at the institutions(s) where you have received your care.
- If you're a parent, you can have full access to your child's record to age 12 and limited access to age 18. The day before the child's 18<sup>th</sup> birthday, Proxy access will be automatically removed.

Participation in MyChart and designating a MyChart proxy is completely voluntary. I understand that I am not required to designate a MyChart proxy and I am not required to provide this authorization. I also understand that my health care treatment or other services will not be conditional on whether I provide this authorization. However, I also understand that if I do not provide authorization, Atlas Alliance is not permitted to provide access to MyChart record to my designated proxy.

I may revoke this authorization at any time by completing the MyChart Deactivation Request Form and submitting the request for revocation to the Health Records Department at the institutions(s) where you have received care. I understand that if I revoke this authorization, my designated proxy's access to MyChart will be ended. I also understand that my revocation will not affect any disclosures that were made prior to processing the revocation request.